

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597791

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	2					
6	1					
7	1					
8	1					
9						
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17			1			
18			1			
19		1				
20			1			
21			1			
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	14	←		←
TOTAL CLAIMS	17		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						